

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011328

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 75

STATE FILE NUMBER

FILED APR 3 1963

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Trenton</u>		c. CITY OR TOWN <u>Mo. Trenton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2313 Lulu Street</u>		d. STREET ADDRESS (If outside, give location) <u>2313 Lulu St.</u>	

3. NAME OF DECEASED (Type or print) <u>ORA F. DOCKERY</u>			4. DATE OF DEATH Month <u>3</u> Day <u>26</u> Year <u>1963</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-15-1878</u>	9. AGE (last birthday) <u>84</u>	10. IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Household</u>		
11a. FATHER'S NAME <u>William Maxey</u>			11b. MOTHER'S MAIDEN NAME <u>Eliza Mason</u>		
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			13. SOCIAL SECURITY NO. <u>[REDACTED]</u>		
14. NAME OF HUSBAND OR WIFE <u>Charles E. Dockery</u>			15. INFORMANT <u>D. W. Dockery</u>		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u>		INTERNAL, BETWEEN ONSET AND DEATH <u>4 weeks</u>	
DUE TO (b) <u>Arteriosclerotic heart disease</u>		<u>2 yrs.</u>	
DUE TO (c) <u>Age.</u>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5:30</u> a.m. <u>p.m.</u> Month <u>3</u> Day <u>26</u> Year <u>1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Trenton, Mo.</u>	

21. I attended the deceased from <u>12-14-62</u> to <u>3-26-63</u> and last saw her alive on <u>3-18-63</u>	
Death occurred at <u>3-26-63</u> <u>5:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) <u>C. L. Clark M.D.</u>	22b. ADDRESS <u>Trenton, Mo.</u>	22c. DATE SIGNED <u>3-28-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-28-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Trenton Mo.</u>
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24. FUNERAL DIRECTOR <u>Davis-Blackmore, Trenton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-28-63</u>	26. REGISTRAR'S SIGNATURE <u>Irene Fair</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *James Blackmon*

Licensed Embalmer No. 4602

P. O. Address Jenison, Mich.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.